

a chance...a change

# **PROCEDURES MANUAL**

**KENTUCKY  
DRUG  
COURT**



# Thoughts on Drug Court in Kentucky

## Drug Court Returns Participants to Productive Lives



Drugs destroy people's lives. Since 1993, the Kentucky Drug Court program has been helping people rid their lives of the influence of drugs. Many families have had a parent, a child, a grandparent returned to them through this effective program.

Drug Court participants must work hard to put their lives back on track, and our judges and staff work hard to keep these individuals focused on getting off and staying off drugs. Through the Drug Court program, the Kentucky Court of Justice reaches those who need our help, people who without Drug Court might be in jail.

— **Joseph E. Lambert**  
*Chief Justice of Kentucky*

## Communities Benefit From Drug Court

Through its interaction with all aspects of the court system, the Administrative Office of the Courts is cognizant of the devastating effects of drug abuse and addiction in Kentucky. One proven method of combating this epidemic is Drug Court.

I have seen firsthand how Drug Court programs are making a difference in our communities. The programs are effective and cost-efficient, and they enable nonviolent substance-abusing offenders to receive treatment in lieu of incarceration. Drug Court gives people an opportunity to rebuild their lives and contribute to their communities.



— **Cicely Jaracz Lambert**  
*Director, Administrative Office of the Courts*



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## **INTRODUCTION**

America's courts have become increasingly clogged with drug-related cases. Jails and prisons are overflowing with drug offenders. Incarceration alone is not an effective sanction to disrupt the cycle of drug use and related criminal activity (United States Department of Justice: Special Drug Courts). Many offenders never receive treatment, continue to abuse substances and continue to commit crimes in order to pay for their addictions. In an effort to reduce recidivism and provide help to drug offenders, a drug court diversion program was founded in Miami, Florida, the summer of 1989.

On July 1, 1996, the Administrative Office of the Courts of Kentucky (AOC) established a Drug Court Department. The Drug Court sites are state and federally funded and administered through the AOC in conjunction with local Drug Court teams and judges. The teams include local court personnel and community representatives key to the program's success.

## **KEY COMPONENTS OF DRUG COURTS**

All drug courts must include the following key components\*:

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court.

\*Drug Courts Program Office, *Defining Drug Courts: The Key Components*, January 1997.

## **PROGRAM OUTLINE**

Drug Court is treatment-oriented and targets participants whose major problems stem from substance abuse. The mission of Kentucky's Drug Court is to create a criminal justice environment that stops illicit drug use and related criminal activity and promotes recovery.

In the program model developed by AOC, defendants may be accepted into the program through diversion recommendations made by the County Attorney and Commonwealth's Attorney or by probation referrals made by the sentencing judge. This model, with local variations, is being used across the state.

When approved for entry into the program, Drug Court staff works with the participants to develop Individualized Program Plans. The plans outline specific responsibilities and goals with timetables. The plans may include group, family, and individual counseling; frequent and random drug testing; educational and vocational training; and health and community activities. The program is performance-based with measurable expectations and accountability.

Although the judge reviews written reports from the Drug Court staff and pre-court conferences are conducted to discuss participant progress, participants report directly to the Drug Court Judge in court, explaining successes and failures. The Drug Court Judge rewards progress and sanctions noncompliance. The successful participant who entered through diversion may have his/her charges set aside and his/her record expunged. The successful participant who entered through probation may have his/her sentence conditionally discharged by the Drug Court Judge.

## **ENTRANCE REQUIREMENTS**

All participants must sign the agreement of participation, provide a drug screen, and undergo an eligibility assessment.

## **AGREEMENT OF PARTICIPATION**

The Agreement of Participation (refer to Appendix: Drug Court Form #1) outlines the basic rules of the program and sanctions that may be imposed by a Drug Court Judge for failure to abide by the conditions of Drug Court. The form is read to each participant to ensure understanding of the requirements and possible sanctions. Each participant must sign the form prior to admission.

## **DRUG SCREENS**

Drug tests are a major component of the Drug Court program and are used to determine drug abuse patterns, for treatment purposes, and to monitor participant progress. Drug tests are conducted on a frequent and random basis.

When a participant is still in custody, the initial drug test is performed at the detention center; if not in custody, at a designated local facility or Drug Court Center. The tests need not follow the official rules of chain of custody. The results of the tests are not admissible in court except for Drug Court purposes. The detention center or local facility provides the Drug Court staff with drug test results as quickly as possible.

A drug test referral form (refer to Form #2) is used to assist the testing facility in providing the appropriate service. The referral form is given to all prospective participants for the initial screening, for random testing, and when a participant advances or is demoted a phase.

## **ASSESSMENT**

All potential participants must undergo an assessment to establish drug dependency and history of drug use. The Addiction Severity Index (ASI) (refer to A1) is administered by the Drug Court staff. Further tests may be conducted by community treatment providers.

The ASI is a multidimensional instrument used to diagnose, evaluate, and assess change in a participant's drug abuse patterns. It concentrates on problems in the following six domains: medical status, employment/support status, drug/alcohol use, legal status, family/social relationships, and psychiatric status.

The ASI is a cost-effective, computerized tool based upon the concept that successful treatment of drug-abusing offenders must address problems which may have contributed to drug dependency. It takes approximately forty-five minutes to administer.

## **TYPES OF DRUG COURT REFERRALS**

There are two methods of entry into Drug Court. Drug dependent offenders may be screened for the program by means of the probation track or diversion track. The following information is a description of both tracks.

### **PROBATION TRACK**

A case may be assigned to Drug Court in lieu of probation. Additionally, for defendants who have violated conditions of traditional probation, Drug Court may be incorporated as an alternative to revocation.



After examining the facts of the case and speaking with the defendant and his/her attorney, the sentencing judge may decide the defendant's criminal charges stem from substance abuse. An order of referral for assessment by Drug Court (refer to Form #5) is issued and, based on the evaluation, the sentencing judge may then allow the defendant to complete the program in lieu of traditional probation. Defendants who are out of custody are given a form (refer to Form #6) stating they must contact the Drug Court Center within three days to schedule the assessment. Defendants who remain in custody are assessed at the detention center.

Following receipt of the judge's referral order, Drug Court staff obtains Courtnet and NCIC record checks by completing a form (refer to Form #21) which is sent to AOC's Pretrial Services Central Office in Frankfort. Initial eligibility is then determined based on prior criminal history. The police may also be contacted for additional information. The Pre-sentence Investigation Report (PSI) from the Department of Probation and Parole may also be requested. When a defendant appears to have a nonviolent prior criminal history, a meeting is scheduled to explain the program, sign the Agreement of Participation, obtain preliminary information, conduct an ASI, and schedule a drug test.

Based on the information obtained, a notice of eligibility (refer to Form #7) is forwarded to the referring judge who makes the final determination of whether a defendant should be given the privilege of participating in Drug Court. If the defendant is deemed appropriate, the case is transferred to Drug Court after sentencing by means of an Order (refer to Form #8). If a defendant is not eligible for Drug Court, a notice (refer to Form #7) is provided to the referring judge.

When a probation case is accepted into the Drug Court, the participant is assigned to a Drug Court Case Specialist is assigned. If the sentencing judge determines that fines, restitution, court costs, etc., are to be paid, a payment plan is developed.

In the event that a participant fails to successfully complete the program and probation supervision has been transferred to Drug Court staff, termination proceedings will be initiated.

Upon successful completion of Drug Court probation cases, the Drug Court Judge may conditionally discharge participants from the remainder of the probation sentence.

## **DIVERSION TRACK**

The diversion track will vary from jurisdiction to jurisdiction based on local adaptation. The AOC Model suggests the following:

### **A. DIVERSION ELIGIBILITY SCREENING**

Upon arrest, most defendants are interviewed by Pretrial Services using a standardized interview form (refer to PT-21) to obtain and verify information used by the court. The data obtained includes current charges, prior criminal history, and copies of the

arrest documents. This information is required in order to determine Drug Court eligibility.

A Pretrial Officer reviews all interviews on a daily basis. Utilizing the Drug Court Eligibility Criteria form (refer to Form #3), any defendants with charges in Category I are flagged for review by Drug Court staff. Drug Court staff examines the interviews of potential participants to further screen for eligibility based on Category II. When a person is eligible in both categories, Drug Court staff requests a copy of the interview from Pretrial Services.

In an effort to make quick contact with defendants who appear to be eligible for Drug Court diversion, District Court felony arraignments are monitored. Copies of the interviews of potential participants are compared with names and charges listed on the felony court dockets. Any defendants who qualify based on charges delineated in Category I, who were not identified by Pretrial Services, are reviewed to further ensure contact with potential participants eligible for diversion.

Drug Court staff speaks with each potential participant and his/her attorney to explain the Drug Court process, provide literature, and request that a waiver of confidentiality (refer to PT-36) be signed to release the Pretrial Services interview information for review by the prosecutors. Each potential participant is required to undergo an initial drug screen and Addiction Severity Index (ASI) assessment to assist in the determination of drug dependency and suitability for the program.

In order to expedite the process, most contact with defendants is made at felony arraignment. Any eligible defendants not identified at felony arraignments are contacted as quickly as possible. Defendants who are not in custody must contact Drug Court staff to schedule an appointment within three days.

If defendants remain in custody, the drug test, assessment, and Agreement of Participation will be conducted at the detention center. The defendants' attorneys are also contacted and asked that they further discuss the Drug Court option with their clients.

## B. DIVERSION ELIGIBILITY CRITERIA

Specific criteria have been established to determine the eligibility of potential participants. Diversion eligibility criteria are described below:

1. A defendant may meet the criterion for Category I, if he/she has been charged with:
  - a. Possession of Drug Paraphernalia, 2nd offense, with no other felony charges; with the possible exception of Possession of a Controlled Substance and other evidence of drug addiction;
  - b. Possession of a Controlled Substance; and
  - c. Obtaining Controlled Substance by Fraud (Prescription Fraud).

2. A defendant may meet the criterion for Category II, if his/her criminal history reflects:
  - a. No prior violent misdemeanor convictions within the past 10 years;
  - b. No prior felony convictions, with the possible exception of Possession of a Controlled Substance and other evidence of drug addiction; and
  - c. No convictions of Trafficking in a Controlled Substance.

Violent misdemeanor convictions may include Assault in the fourth degree, Menacing, Wanton Endangerment in the second degree, Terroristic Threatening, Stalking in the second degree, Resisting Arrest, and Carrying a Concealed Deadly Weapon.

Pretrial Services maintains a log (refer to Form #22) of Drug Court eligible defendants. The log lists the defendants' name, date of birth, social security number, race, gender, and charge(s). A notation is made when a copy of an interview is provided to Drug Court. The logs are forwarded to Drug Court staff on a monthly basis to assist with statistics.

#### C. DIVERSION ACCEPTANCE

When the Drug Court staff determines a defendant meets the eligibility criteria of Categories I and II, the defendant will be redocketed for another District Court appearance within ten days. Between arraignment and preliminary hearing, the defendant will have undergone an assessment and drug testing to assist in determining drug addiction and severity of the abuse and all the information gathered will have been reviewed by prosecutors for determination of whether the defendant will be accepted into the program.

The Pretrial Services interview, prior criminal history, arrest documents, assessment, and drug results are provided to the County Attorney and Commonwealth's Attorney in order to assist in making a final determination of acceptance. A checklist is attached (refer to Form #4) to ensure that all necessary information has been included. In determining acceptance into the program, the County Attorney and Commonwealth's Attorney review the forms provided and consider extenuating circumstances such as crime lab results, involvement of a deadly weapon, existence of a victim, and whether the defendant is currently under investigation. Arresting officers may be contacted. Determination of acceptance or rejection based on available information is made by the County Attorney and Commonwealth's Attorney.

When the defendant has been determined to be eligible for Drug Court, the Commonwealth's Attorney completes an acceptance form (refer to A2) and necessary paperwork and provides it to the County Attorney for completion at the preliminary hearing. The defendant's attorney and the defendant complete the Waiver of Indictment (refer to A3) and the Stipulation of Facts (refer to A4-A6) and waive the charge(s) to the Grand Jury to proceed by Information.

The defendant will be arraigned in Circuit Court on the next scheduled session following the filing of the Information, the Waiver of Indictment, and Stipulation of Facts. On the record,

at the Circuit Court arraignment, the defendant will acknowledge the accuracy of the Stipulation of Facts and plead guilty. The Drug Court Judge accepts the guilty plea but reserves sentencing until completion of the program.

In the event a case that meets the criteria has been directly indicted and originates in Circuit Court, the case will be reviewed, and if accepted into the program, will be assigned to a Drug Court docket from Circuit Court and transferred to a Drug Court Judge. The defendant will enter into the Stipulation of Facts and plead guilty.

If the participant fails to complete the program, termination from Drug Court and sentencing will follow.

Upon successful completion of Drug Court diversion, the charges may be set aside and expunged.

### **VIOLENT OFFENDER PROHIBITION**

Federal regulation, 28 C.F.R. § 93.3, defines “violent offender” as:

a person who either -

- (1) Is currently charged with or convicted of an offense during the course of which:
  - (i) The person carried, possessed, or used a firearm or other dangerous weapon; or
  - (ii) There occurred the use of force against the person of another; or
  - (iii) There occurred the death of, or serious bodily injury to, any person; without regard to whether proof of any of the elements described herein is required to convict; or
- (2) Has previously been convicted of a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm.

### **INTAKE LOGS**

Intake logs are maintained for statistical purposes concerning probation and diversion candidates and are excellent tools to use as a checklist. Two logs are kept:

#### **A. Probation:**

Upon receipt of a referral order from a sentencing judge, the Drug Court Probation Intake Log (refer to Form #30) is completed. The date of referral, name, charge, attorney, judge, next court date, and type of release are documented. An assessment is conducted, a drug test ordered, and a PSI may be requested. Once these tasks have been completed, the log is marked with “Yes” or “No”. If the defendant is eligible for the program, the date the Notice of Eligibility was sent to the judge is recorded. Upon receipt of the order transferring to Drug Court, the arraignment date, and any other pending charges are listed.

B. Diversion:

Drug Court staff maintains a Drug Court Diversion Intake Log (refer to Form #31) for all participants who meet the diversion criteria. Staff completes the information, which includes: date of arrest, name, charge, attorney, preliminary hearing date, and type of release. After the initial meeting with the potential participant, a “Y” for yes and a “N” for no is used to delineate that a waiver was signed, an assessment conducted and a drug test requested. Based on the assessment and other pertinent information, it is then determined and noted on the log if the defendant is eligible. If the defendant is eligible for the program, the file is transferred to the prosecutor for final determination. If the prosecutor approves eligibility, a Drug Court arraignment date is listed. Should a defendant have other pending charges, those charges are also recorded on the log.

## **SUPERVISION OF PARTICIPANTS**

The ASI and one-on-one contact with participants provide insight as to the needs of participants on a case-by-case basis. Participants meet with Drug Court staff to develop Individualized Program Plans (IPP) (refer to Forms #9-11) that outline overall program goals for each phase. As participants advance to the next phase, progress is reviewed and new goals are established.

Participants are required to have approved stable housing and employment or participate in educational/vocational training. Participants who are not in an educational or vocational activity may be required to complete 20 hours of community service each week until appropriate employment is located, or they have enrolled in an educational or vocational program. When coordinating with outside agencies, participants are requested to sign a Release of Information (refer to Form #12). Participants are required to fulfill obligations as delineated on their weekly calendars (refer to Forms #13-15), including drug testing, and must provide documentation of attendance to self-help or NA/AA meetings (refer to Form #16). Progress is verified, documented, and reported to the Drug Court Judge during conferencing sessions before each court session.

Supervision of participants consists of face to face meetings in the Drug Court office, as well as at the participant’s residence. Unannounced site visits to the participant’s place of employment and residence will be conducted by Case Specialists. Probation and law enforcement officers may assist.

Participants are also required to show proof of payments for child support, court fines, restitution, and any other costs ordered by the court. Proof of payment may be in the form of a copy of a money order, canceled check, or court receipt. Proof of employment is also required and may be in the form of a check stub.

Throughout the program, participants appear in court on a regular basis. Drug Court staff provides case notes on each participant for each court session (refer to Form #17). The Drug Court Judge reviews the participants’ files and participants are held accountable for successes or failures.

Short orientation meetings for family members of new participants may be conducted to familiarize the families with the program. The orientation consists of a brief outline of the program, a short film on addiction, and information regarding Al-Anon and other support groups. Family sessions may be scheduled to further ensure the support system understands the program and is better equipped to provide encouragement. If family therapy is indicated, appropriate referrals will be made and incorporated into the participant's IPP.

## **OUTLINE OF PROGRAM PHASES**

The Drug Court program consists of three phases and can be completed in one to two years.

### **Phase I:      Stabilizing Period**

#### **Minimum Requirements:**

1. To attend one Drug Court session per week;
2. To provide all assigned drug screens each week which reflect no use of drugs;
3. To attend all assigned documented self-help or NA/AA meetings;
4. To attend all assigned group, family, and/or in individual counseling sessions;
5. To begin to make necessary arrangements for payment of court obligations;
6. To maintain court-approved stable housing;
7. To maintain court-approved employment, training, and/or educational referrals;
8. To write seven daily journal assignments which are submitted to the judge;
9. To comply with any necessary medical referrals; and
10. To begin work on a 12-step or self-help recovery program, and obtain a sponsor.

### **Phase II:      Educational Period**

#### **Minimum Requirements:**

1. To attend one Drug Court session every other week;
2. To provide all assigned drug screens each week which reflect no use of drugs;
3. To attend all assigned documented self-help or NA/AA meetings;
4. To attend all assigned group, family, and/or individual counseling sessions;
5. To develop a payment plan to satisfy any restitution, court costs, etc.;
6. To maintain court-approved stable housing;
7. To maintain court-approved employment, training, and/or educational referrals;
8. To turn in daily journal assignments;
9. To read a book every two weeks and turn in a report to the judge;
10. To maintain daily physical activity which is reported to the judge;
11. To do at least one good deed every two weeks to be reported to the judge; and
12. To maintain regular contact with sponsor and continue work on a 12-step or self-help program.



### Phase III: Self-motivational Period

#### Minimum Requirements:

1. To attend one Drug Court session every three weeks;
2. To provide all assigned drug screens each week which reflect no use of drugs;
3. To attend all assigned documented self-help or NA/AA meetings;
4. To attend all assigned group, family and/or individual counseling sessions;
5. To pay a substantial amount of restitution, court costs, etc.;
6. To maintain court-approved stable housing;
7. To maintain court-approved employment, training, and/or educational referrals;
8. To turn in journal assignments;
9. To read a book and turn in a report to the judge;
10. To maintain regular contact with sponsor and continue work on a 12-step or self-help program;
11. To do at least one good deed to be reported to the Judge;
12. To maintain regular contact with sponsor and continue work on a 12-step or self-help program;
13. To mentor a new Drug Court participant and/or group session; and
14. To complete an exit calendar (refer to Form #32), exit interview, and plan for aftercare.

### **INCENTIVES**

Incentives reward participants for positive steps taken toward attaining a drug free, crime free lifestyle. The most powerful incentive is the dismissal of charges for the diversion participant and conditional discharge for the probationer. Other incentives include promotion to the next phase, which may involve certificates (refer to Form #41) and tokens, decreased supervision, and more personal responsibility; the privilege of mentoring newer participants; and personal achievements, such as obtaining a General Equivalency Diploma, maintaining employment, becoming current on child support obligations, rebuilding relationships with family, and increased self-esteem and respect. Other creative, individualized incentives may be used when appropriate.

When participants successfully meet all Drug Court obligations, formal graduation ceremonies are conducted. This provides the opportunity for the graduate to be recognized for his/her accomplishments in the presence of the Drug Court staff and judges, his/her peers, family and friends, the police and community officials, and other distinguished guests. The graduates may be presented with a certificate of achievement (refer to Form #41), a plaque and a t-shirt with the Drug Court logo.

### **SANCTIONS**

Each participant must abide by the conditions of Drug Court and failure to do so may result in the Drug Court Judge imposing sanctions, including, but not limited to:

- Residential drug treatment
- Community service
- Phase demotion
- Increased groups
- Home incarceration
- Imprisonment in the detention center
- Termination from the program

The Drug Court Judge may employ a wide range of graduated sanctions for participant program violations. When the judge imposes sanctions, it is the responsibility of the participant to comply as ordered and the responsibility of the Drug Court staff to make arrangements as needed and to verify compliance.

## **TERMINATION**

Regardless of the method by which a participant enters Drug Court, termination may occur for various reasons, including, but not limited to:

- Noncompliance with rules and procedures
- Arrest and/or conviction on new charge(s) (case by case basis)
- Failure to appear as scheduled for court, jail, or treatment
- Participant voluntarily decides to petition the court for termination

## **PROBATION TERMINATION**

If a participant has absconded, the Criminal Clerk's Office issues a Failure to Appear (FTA) warrant from the Drug Court docket when the participant misses court. Two weeks following the issuance of the initial warrant, if no contact is made with the participant, the Certification of Violations (refer to Form #23) and the Order of Termination, FTA, Warrant Outstanding (refer to Form #24) shall be completed by the Treatment Coordinator. The Order of Termination shall be presented to the Drug Court Judge for signature and both are filed with the Clerk's Office.

If the decision to terminate is the result of other circumstances, e. g., noncompliance, new charges, etc., the Certification of Violations and the Order of Termination, NO FTA (refer to Form #25) shall be completed by the Treatment Coordinator. The Order of Termination is presented to the Drug Court Judge for signature immediately upon making the decision to terminate and the participant is to be taken into custody. Both forms are filed with the Clerk's Office.

In both situations, the participant shall be placed on the judge's criminal docket for revocation proceedings.

## **DIVERSION TERMINATION**

Protocol for termination of Diversion participants is the same as probationers. If the termination is the result of a Failure to Appear, and if no contact has been made by the participant within two weeks of the issuance of the FTA warrant, the Certification of Violations

is completed by the Treatment Coordinator and presented with the Order of Termination FTA, Warrant Outstanding, DIVERSION (refer to Form #26) to the judge for signature and entry.

If the decision to terminate was made due to other violations, the Certification of Violations is completed and attached to the Order of Termination NO FTA DIVERSION (refer to Form #27), presented to the judge for signature and entered. The participant is to be taken into custody immediately.

The case is then placed on the Drug Court Judge's criminal docket for sentencing proceedings.

## **AFTERCARE**

Participants are required to be available for 6 months after graduation to serve as mentors for new participants or group sessions and/or perform public speaking as requested by the program. Aftercare also involves continued attendance at AA or NA or self-help meetings, regular graduate support groups that continue to work on relapse prevention, alumni social meetings and random urine screens or breathalyzers if requested by staff or the Drug Court Judge. Graduates must notify Drug Court staff of any changes in address or employment status and contact the office at least once a year for 5 years for statistical purposes.

Graduates of the program are encouraged to call Drug Court if they are struggling in their sobriety or are experiencing other crisis situations. A Case Specialist or the Treatment Coordinator will be available to address the issues and offer assistance or support.

If graduates fail to meet the requirements of aftercare, the Drug Court Judge may issue a summons or a warrant for them to appear in court. The judge may then order the graduate to continue participation, or in some cases, revoke the conditional discharge from probation.

## **STATISTICAL REPORTING**

In order to continuously assess Drug Court progress, monthly gathering of information of participant activity is required. This information will improve the program design and alert the team members of potential problems.

Drug Court must be accountable in order to impact the criminal justice system. Goals are set and must be measurable in order to assess progress. As statistical information is collected and evaluated, goals and program designs may need revision.

Reports are compiled through ongoing monitoring, tracking, and assessments conducted on a monthly basis (refer to Form #18). It is important to maintain open lines of communication with all service providers in order to collect data from all components of Drug Court.

Monthly statistical reports are used as a primary resource when compiling quarterly and annual reports. All Drug Court staff contribute in compiling the statistics. The report must be submitted by the 10th day of the following month.

# APPENDIX

## DRUG COURT FORMS



### **DRUG COURT AGREEMENT OF PARTICIPATION**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

**1. Drug Treatment and Counseling.** I will attend drug treatment and will participate in group, family, and/or individual counseling.

**2. Refrain From Further Possession or Use of Drugs.** I will not possess and/or use illicit drugs and agree to submit to frequent and random drug testing for the presence of drugs. I understand and agree that chain of custody and validity of testing procedures is not required and the results of my tests shall be admissible as evidence in Drug Court.

**3. Housing.** I understand that stable housing is necessary for my recovery and must be approved by the Drug Court staff. I agree to comply with recommendations and restrictions.

**4. Refrain From Further Violation of Law.** I will not violate laws and I understand that any violation or arrest must be reported to the Drug Court staff within 12 hours.

**5. Employment, Education and/or Job Training.** I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. I will inform the Drug Court staff prior to changing employment.

**6. Agreement to Make All Scheduled Appearances.** I will provide for my own transportation and shall appear as scheduled for Drug Court sessions and all other appointments.

**7. Voluntary Termination.** I understand that I may petition the Court for termination from this program. If the Court determines that the termination petition is intelligently and voluntarily made, sentence will be imposed by the Drug Court Judge.

**8. Costs Related to Program.** I agree to pay all or partial costs for my participation in Drug Court as set by the Court after consideration of my financial circumstances.

**9. Exchange of Information.** I understand Drug Court data is confidential and I will not discuss the program or disclose participant information without approval from the Drug Court staff. I understand the Drug Court staff will make reports to the Judge concerning my progress in treatment and that the psychologist-patient/counselor-patient privileges shall not apply. I agree to release information and permit communication with outside agencies to assist in fulfilling the requirements of the Drug Court program.

**10. Medical Issues.** I agree to seek medical attention when appropriate and follow through with the recommendations. Any prescribed drugs will be reported to the Drug Court staff.

**11. Disclosure of Program Information.** I understand for purposes of study or review of this program, some otherwise confidential information may be disclosed to third parties, but that under no circumstances will this statistical data include my name, address or other personal identifying information.

**12. Program Information Inadmissible in Future Court Actions.** I understand that any statements or disclosures I make during the course of my participation in treatment, counseling or court proceedings, and any information learned as a result of such statements or disclosures, shall be inadmissible as substantive evidence against me for any purpose in any court of this Commonwealth. If I am terminated from this program, the fact of my participation, the results of any testing, any statements I made during the course of this program, and the reason(s) for termination shall be privileged and shall not be admissible as substantive evidence against me.

**13. Participants Not Asked to Inform on Others.** The Court agrees that no defendant participating in this program will be requested to be an informant or encouraged to disclose information concerning any third parties as a condition of entry or completion of this program.

**14. Appropriate Behavior Among Participants.** I agree to respect the opinions and feelings of other program participants and understand verbal or physical threats or abuse will not be tolerated. I agree not to engage in any romantic or sexual relationships with other Drug Court participants while actively involved in the program.

**15. Site Visits.** I understand site visits to my home and place of employment will be conducted by Drug Court staff and/or law enforcement officers.

**I understand that I must abide by the conditions of Drug Court, including my individual program plan, and failure to do so may result in sanctions including, but not limited to, inpatient drug treatment, community service, home incarceration, imprisonment in the county jail, or termination from the program.**

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_



## Drug Court Referral For Drug Testing

DATE:

---

NAME:

---

TYPE: \_\_\_\_\_ INITIAL

\_\_\_\_\_ RANDOM

\_\_\_\_\_ CHANGE IN PROGRAM PHASE: I      II      III  
(Please Circle)

Anyone taking prescription medication must take the prescription bottles and medicine to the drug testing site and Drug Court Center.

You must always provide a Picture identification and Social Security Card.



## Attachment #1

## Addiction Severity Index, Fifth Edition

(Clinical/Training Version)

## GENERAL INFORMATION

[illegible]

SS No.: 

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Date of Admission: 







 / 







 /

Date of Interview: 







 / 







 /

Time Begun: HOUR:MINUTES 

--	--

 : 

--	--

Time Ended: HOUR:MINUTES 

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 : 

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Class:            1. Intake            2. Follow-up           

Contact Code: 1. In person                      3. Mail  
2. Telephone (Intake ASI must be in person)

Gender:            1. Male                      2. Female

Treatment Episode No: 

--	--

Interviewer Code No.: 

--	--

Special: 1. Patient terminated  
2. Patient refused 3. Patient unable to respond

---

Name \_\_\_\_\_

---

Address 1

---

Address 2

City	State	Zip Code
------	-------	----------

1. How long have you lived at this address? (Years/Months) 

--	--

 / 

--	--

2. Is this address owned by you or your family?      0-No      1-Yes      ☐

3. Date of birth: 

--	--

 / 

--	--

(Month/Day/Year)

4. Of what race do you consider yourself? [ ]  
 1 White (not Hisp)      5 Asian/Pacific

1. White (not Hisp)                      5. Asian/Pacific                      ☐

2. Black (not Hisp)                      6. Hispanic-Mexican                      ☐

3. American Indian                      7. Hispanic-Puerto Rican                      ☐

4. Alaskan Native                      8. Hispanic-Cuban                      9. Hispanic-other                      ☐

5. Do you have a religious preference?

1. Protestant	3. Jewish	5. Other
2. Catholic	4. Islamic	6. None

6. Have you been in a controlled environment in the past 30 days?

1. No
2. Jail
3. Alcohol/Drug Treat.
4. Medical Treatment
5. Psychiatric Treatment
6. Other: \_\_\_\_\_

> A place, theoretically, without access to drugs/alcohol.

7. How many days?  
 >"NN" is Question No. 6 is No. refers to total number of days detained in the past 30 days.

## ADDITIONAL TEST RESULTS

[illegible][illegible]

## GENERAL COMMENTS

(Include the question number with your notes)

[illegible]

## MEDICAL STATUS

1. How many times in your life have you been hospitalized for medical problems?

>Include O.D.s, D.T.s. Exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.

2. How long ago was your last hospitalization for a physical problem?   /    
Yrs. Mos.

>If no hospitalization in Question 1, then this should be "NN".

3. Do you have any chronic medical problems which continue to interfere with your life? 0-No ☐  
1-Yes ☐

If "Yes" specify in comments.

>A chronic medical condition is a serious physical or medical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.

3b. <OPTIONAL> Number of months pregnant:   
>"N" for males, "0" for not pregnant. Mos.

4. Are you taking any prescribed medication on a regular basis for a physical problem? 0-No ☐  
1-Yes ☐

If yes, specify in comments.

>Medication prescribed by a MD for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

5. Do you receive monetary compensation for a physical disability? 0-No ☐  
1-Yes ☐

>Include Worker's Compensation, exclude psychiatric disability.  
If "Yes" specify in comments.

6. How many days have you experienced medical problems in the past 30 days?

>Do not include withdrawal symptoms. Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).

For Questions 7 & 8, ask the patient to use the Patient Rating scale.

7. How troubled or bothered have you been by these medical problems in the past 30 days?

>Restrict response to problem days of Question 6.

8. How important to you now is treatment for these medical problems?

>Refers to the need for additional medical treatment by the patient.

### INTERVIEWER SEVERITY RATING

9. How do you rate the patient's need for medical treatment?

>Refer to the patient's need for additional medical treatment.

### CONFIDENCE RATINGS

Is the above information significantly distorted by:

10. Patient's misrepresentation? 0-No ☐  
1-Yes ☐

11. Patient's inability to understand? 0-No ☐  
1-Yes ☐

## COMMENTS

(include question number with your notes)

Page 2

## EMPLOYMENT/SUPPORT STATUS

1. Education completed (Years/Months)  /   
>GED = 12 years, note in comments.  
>Include formal education only. Yrs. Mos.
2. Training or Technical education completed?   
>Formal/organized training only. For military, only include training that can be used in civilian life, i.e., electronics vs. artillery. Mos.
3. Do you have a profession, trade, or skill? 0-No ☐  
1-Yes ☐  
If "Yes" specify \_\_\_\_\_  
>Employable, transferrable skill acquired through training.
4. Do you have a valid driver's license? 0-No ☐  
1-Yes ☐  
If "No" specify why: \_\_\_\_\_  
>Valid license; not suspended/revoked.
5. Do you have an automobile available? 0-No ☐  
1-Yes ☐  
>If answer to No. 4 is "No", then No. 5 must be "No". Does not require ownership, only requires availability on a regular basis.
6. How long was your longest full time job?  /   
>Full time = 35+ hours weekly; does not necessarily mean most recent job. Yrs. Mos.
7. Usual (or last) occupation?   
(specify) \_\_\_\_\_  
(use Hollingshead Categories Reference Sheet)
8. Does someone contribute the majority of your support in any way? 0-No ☐  
1-Yes ☐  
>Is patient receiving any regular support (i.e., cash, food, housing) from family/friend. Include spouse's contribution; exclude support by an institution.
9. Does this constitute the majority of your support? 0-No ☐  
1-Yes ☐  
>If No. 8 is "No", then No. 9 is "N" for N/A.
10. Usual employment pattern, past three years? ☐  
1. Full time (35+ hours) 5. Service  
2. Part time (regular hours) 6. Retired/Disability  
3. Part time (irregular hours) 7. Unemployed  
4. Student 8. In controlled environment  
>Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents more current situation.
11. How many days were you paid for working in the past 30 days?   
>Include "under the table" work, paid sick days and vacation.

## COMMENTS

(include question number with your notes)

Page 3

## EMPLOYMENT/SUPPORT STATUS (cont.)

How much money did you receive from the following sources in the past 30 days?

12. Employment?   
>Net or "take home" pay, include any "under the table" money

13. Unemployment Compensation?

14. Welfare?   
>Include food stamps, transportation money provided by an agency to go to and from treatment.

15. Pensions, benefits, SSI or SSDI?   
>Include disability, pensions, retirement, veteran's benefits, SSI, SSDI & workers' compensation.

16. Mate, family, or friends?   
If "Any", specify who: \_\_\_\_\_  
>Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling). Record cash payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.

17. Illegal?   
>Cash obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. DO NOT attempt to convert drugs exchanged to a dollar value.

18. How many people depend on you for the majority of their food, shelter, etc?   
>Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.

19. How many days have you experienced employment problems in the past 30 days?   
>Include inability to find work, training, or schooling, or problems with present job in which that job is jeopardized.

For questions 20 & 21, ask the patient to use the Patient Rating scale.

20. How troubled or bothered have you been by these employment problems in the past 30 days?   
>If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. In that case an "N" response is indicated.

21. How important to you now, is counseling for these employment problems?   
>Stress help in finding or preparing for a job, not giving them a job.  
>The patient's ratings in Questions 20 & 21 refer to Question 19.

### INTERVIEWER SEVERITY RATING

22. How would you rate the patient's need for employment counseling?

### CONFIDENCE RATINGS

23. Is the above information significantly distorted by:  
Patient's misrepresentation? 0-No   
1-Yes

24. Patient's inability to understand? 0-No   
1-Yes

## COMMENTS

(include question number with your notes)

Page 4

## Route of Administration Types:

	Past 30 Days	Lifetime	Route of Admin
--	--------------	----------	----------------

	Past 30 Days	Lifetime	Route of Admin
01 Alcohol (any use at all)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 Alcohol (to intoxication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 Other Opiates/Analgesics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Sedatives/Hypnotics/ Tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 More than 1 substance per day (including alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

00 = no problem,  
01-12 = in list above,  
15 = alcohol & one or more drugs,  
16 = more than one drug.

--	--

>Use codes in Q #14.

--	--

>Last attempt of at least one month, not necessarily the longest. Mos.  
Periods of hospitalization/incarceration do not count. Periods of  
anatabuse, methadone, or naltrexone use during abstinence do count.  
Only show periods 30 days or greater.

--	--

00 = never abstinent.

>"NN" if question 15 = "00"  
>Refers to question 15; "00" = still abstinent.

--	--

Mos.

## Overdosed on Drugs?

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--	--

**Overdoses (OD):** Requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.

(include question number with your notes)

## DRUG/ALCOHOL USE (cont.)

18. How many times in your life have you been treated for? Alcohol Abuse?

Drug Abuse?

>Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).

19. How many of these were detox only? Alcohol?

Drugs?

>If question 18 = "00", then question 19 = "NN"

20. How much money would you say you spent during the past 30 days on: Alcohol?

Drugs?

>Only count actual money spent. What is the financial burden caused by drugs/alcohol?

20b. Do you receive Disability Support for Drug or Alcohol Problems? 0-No ☐ 1-Yes ☐

21. How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days? (include AA/NA)

21b.<OPTIONAL> How many days have you been treated as an in-patient for alcohol or drugs in the past 30 days?

22. How many days in the past 30 have you experienced: Alcohol problems?

Drug problems?

>Include only craving, withdrawal symptoms, disturbing effects of use, wanting to stop and being unable to, and difficulty staying sober.

For questions 23 & 24, ask the patient to use the Patient Rating scale. The Patient is rating the need for additional substance abuse treatment.

23. How troubled or bothered have you been in the past 30 days by these: Alcohol problems? ☐

Drug problems? ☐

24. How important to you now is treatment for these: Alcohol problems? ☐

Drug problems? ☐

### INTERVIEWER RATING

25. How would you rate the patient's need for treatment: Alcohol problems? ☐

Drug problems? ☐

### CONFIDENCE RATING

Is the above information significantly distorted by: 0-No ☐ 1-Yes ☐

26. Patient's misrepresentation? ☐

27. Patient's inability to understand? 0-No ☐ 1-Yes ☐

## COMMENTS

(include question number with your notes)

Page 6



## LEGAL STATUS

## COMMENTS

(include question number with your notes)

1. Was this admission prompted or suggested by the criminal justice system? 0-No ☐  
1-Yes ☐  
 >Judge, probation/parole officer, etc.

2. Are you on parole or probation? 0-NO  
1-Yes ☐  
>Note duration and level in comments.

3. How many times in your life have you been arrested and charged with the following:

03 Shoplift/Vandalism			10 Assault		
04 Parole/Probation Violations			11 Arson		
05 Drug Charges			12 Rape		
06 Forgery			13 Homicide/Mansl.		
07 Weapons Offense			14a Prostitution		
08 Burglary/Larceny/B&E			14b Contempt of Court		
09 Robbery			14c Other _____		

>Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult. Include formal charges only.

15. How many of these charges resulted in convictions? 

--	--

>If 03-14 + "00", then question 15 = "NN".

>Do not include misdemeanor offenses in questions 16-18 below.

>Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.

How many times in your life have you been charged with the following:

16. Disorderly conduct, vagrancy, public intoxication? 

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17. Driving while intoxicated? 

--	--

18. Major driving violations? □ □  
 >Moving violations: speeding, reckless driving, no license, etc.

19. How many months were you incarcerated in your life? 

--	--

>If incarcerated 2 weeks or more, round this up to 1 month.

List total number of months incarcerated.

20. How long was your last incarceration? 

--	--

  
 >Enter "NN" if never incarcerated Mos.

>Enter "NN" if never incarcerated.

21. What was it for?

>use code 03-14, 16-18. If multiple charges, use most severe code. Enter "NN" if never incarcerated.

22. Are you presently awaiting charges, trial, or sentence? 0-No 1-Yes ☐

23. What for? 

--	--

>Refers to Q #22. If more than one, choose most severe. Don't include civil cases, unless a criminal offense is involved.

24. How many days in the past 30, were you 

--	--

>Include being arrested and released on the same day.

## LEGAL STATUS (cont.)

25. How many days in the past 30, have you engaged in illegal activities for profit?    
>Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with Question 17 under Employment/Family Support Section.

For questions 26 & 27, ask the patient to use the Patient Rating scale.

26. How serious do you feel your present legal problems are? >exclude civil problems
27. How important to you now is counseling or referral for these legal problems?   
>Patient is rating a need for additional referral to legal counsel for defense against criminal charges.

### INTERVIEWER SEVERITY RATING

28. How would you rate the patient's need for legal services or counseling?

### CONFIDENCE RATINGS

- Is the above information significantly distorted by: 0-No
29. Patient's misrepresentation? 1-Yes
30. Patient's inability to understand? 0-No   
1-Yes

## COMMENTS

(include question number with your notes)

Page 8

## FAMILY HISTORY

Have any of your blood-related relatives had what you would call a significant drinking, drug use, or psychiatric problem. One that did or should have led to treatment?

Mother's Side	Alcohol	Drug	Psych.	Father's Side	Alcohol	Drug	Psych.	Siblings	Alcohol	Drug	Psych.
Grandmother	<input type="text"/>	<input type="text"/>	<input type="text"/>	Grandmother	<input type="text"/>	<input type="text"/>	<input type="text"/>	Brother/Sister 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandfather	<input type="text"/>	<input type="text"/>	<input type="text"/>	Grandfather	<input type="text"/>	<input type="text"/>	<input type="text"/>	Brother/Sister 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>	Brother/Sister 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aunt	<input type="text"/>	<input type="text"/>	<input type="text"/>	Aunt	<input type="text"/>	<input type="text"/>	<input type="text"/>	Brother/Sister 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Uncle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Uncle	<input type="text"/>	<input type="text"/>	<input type="text"/>				

0 = Clearly No for all relatives in that category

1 = Clearly Yes for all relatives in that category

X = Uncertain or don't know

N = Never was a relative

>In cases where there is more than one person for a category, report the most severe. Accept the patient's judgment on these questions.

## FAMILY HISTORY COMMENTS

## FAMILY/SOCIAL RELATIONSHIPS

### 1. Marital Status

1-Married 3-Widowed 5-Divorced  
2-Remarried 4-Separated 6-Never Married

☐

>Common-law marriage = "1". Specify in comments.

### 2. How long have you been in this marital status (Q #1)?

>If never married, then since age 18.

		/		
Yrs.			Mos.	

### 3. Are you satisfied with this situation?

0-No 1-Indifferent 2-Yes

☐

>Satisfied = generally liking the situation.  
Refers to Questions 1 & 2.

### 4. Usual living arrangements (past 3 years):

1-With sexual partner & children 6-With friends  
2-With sexual partner alone 7-Alone  
3-With children alone 8-Controlled Environ.  
4-With parents 9-No stable arrangement  
5-With family

>Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.

☐

### 5. How long have you lived in these arrangements?

>if with parents or family, since age 18.

>Code years and months living in arrangements from Question 4.

		/		
Yrs.			Mos.	

### 6. Are you satisfied with these arrangements?

0-No 1-Indifferent 2-Yes

☐

### Do you live with anyone who:

Has a current alcohol problem?

0-No 1-Yes

☐

0-No 1-Yes

☐

### 6b. Uses non-prescribed drugs?

### 7. With whom do you spend most of your free time?

1-Family 2-Friends 3-Alone

☐

>If a girlfriend/boyfriend is considered as a family by patient, then they must refer to them as family throughout this section, not a friend. Family is not to be referred to as "friend".

### 8. Are you satisfied with spending your free time this way?

0-No 1-Indifferent 2-Yes

☐

>A satisfied response must indicate that the person generally likes the situation. Referring to Question 7.

### 9. How many close friends do you have?

>Stress that you mean close. Exclude family members. These are "reciprocal" relationships or mutually supportive relationships.

☐

### 9a. Would you say you have had a close reciprocal relationship with any of the following people:

Mother

☐

Sexual Partner/Spouse

☐

Father

☐

Children

☐

Brothers/Sisters

☐

Friends

☐

0 = Clearly No for all in class,  
1 = Clearly Yes for any in class,

X = Uncertain or Unknown,  
N = Never was a relative.

>By reciprocal, you mean "that you would do anything you could to help them out and vice versa".

## COMMENTS

(include question number with your notes)

Page 9

## FAMILY/SOCIAL (cont.)

Have you had significant periods in which you have experienced serious problems getting along with:

	0-No	1-Yes	Past 30 days	In Your Life
10. Mother			<input type="checkbox"/>	<input type="checkbox"/>
11. Father			<input type="checkbox"/>	<input type="checkbox"/>
12. Brother/Sister			<input type="checkbox"/>	<input type="checkbox"/>
13. Sexual Partner/Spouse			<input type="checkbox"/>	<input type="checkbox"/>
14. Children			<input type="checkbox"/>	<input type="checkbox"/>
15. Other Significant Family (specify) _____			<input type="checkbox"/>	<input type="checkbox"/>
16. Close Friends			<input type="checkbox"/>	<input type="checkbox"/>
17. Neighbors			<input type="checkbox"/>	<input type="checkbox"/>
18. Co-workers			<input type="checkbox"/>	<input type="checkbox"/>

>"Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person.

Has anyone abused you:

	0-No	1-Yes	Past 30 days	In Your Life
18a. Emotionally >Made you feel bad through harsh words.			<input type="checkbox"/>	<input type="checkbox"/>
18b. Physically? >Caused you physical harm.			<input type="checkbox"/>	<input type="checkbox"/>
18c. Sexually? >Forced sexual advances/acts.			<input type="checkbox"/>	<input type="checkbox"/>

How many days in the past 30 have you had serious conflicts:

19a. With your family?	<input type="checkbox"/>	<input type="checkbox"/>
19b. With other people (excluding family)?	<input type="checkbox"/>	<input type="checkbox"/>

For Questions 20-23, ask the patient to use the Patient Rating scale:

How troubled or bothered have you been in the past 30 days by:

20. Family problems	<input type="checkbox"/>
21. Social problems	<input type="checkbox"/>

How important to you now is treatment or counseling for these:

22. Family problems >Patient is rating his family's need for counseling for family problems, not whether they would be willing to attend.	<input type="checkbox"/>
23. Social problems >Exclude patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if patient had no substance abuse.	<input type="checkbox"/>

### INTERVIEWER SEVERITY RATING

24. How would you rate the patient's need for family and/or social counseling?	<input type="checkbox"/>
--	--------------------------

### CONFIDENCE RATING

Is the above information significantly distorted by:

25. Patient's misrepresentation?	0-No <input type="checkbox"/> 1-Yes <input type="checkbox"/>
26. Patient's inability to understand?	0-No <input type="checkbox"/> 1-Yes <input type="checkbox"/>

## COMMENTS

(include question number with your notes)

PSYCHIATRIC STATUS

COMMENTS

(include question number with your notes)

1. How many times have you been treated for any psychological or emotional problems:  
In a Hospital or inpatient setting?
- |  |  |
|--|--|
|  |  |
|  |  |
- Outpatient/private patient?
- >Do not include substance abuse, employment, or family counseling.  
Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.  
>Enter diagnosis in comments if known.

2. Do you receive monetary compensation for a psychiatric disability? 0-No 1-Yes ☐
- >Include pension, SSI, SSDI, etc.

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:

0-No 1-Yes Past 30 days In Your Life

3. Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function? ☐ ☐

4. Experienced serious anxiety/tension-  
uptight, unreasonably worried, inability  
to feel relaxed? ☐ ☐

5. Experienced hallucinations-saw things or heard voices that were not there? ☐ ☐

6. Experienced trouble understanding, concentrating, or remembering? ☐ ☐

7. Experienced trouble controlling violent behavior including episodes of rage, or violence? ☐ ☐

>Patient can be under the influence of alcohol/drugs.

8. Experienced serious thoughts of suicide? ☐ ☐

>Patient seriously considered a plan for taking his/her life.

>Patient can be under the influence of alcohol/drugs.

9. Attempted suicide? ☐ ☐

- >Include actual suicidal gestures or attempts.

>Patient can be under the influence of alcohol/drugs.

10. Been prescribed medication for any psychological or emotional problems? ☐ ☐

>Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if the patient is not taking it.

11. How many days in the past 30 have you experienced these psychological or emotional problems? 

--	--

>This refers to problems noted in Questions 3-9.

PSYCHIATRIC STATUS

COMMENTS

For Question 12-13, ask the patient to use the Patient Rating scale.

12. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?
- >Patient should be rating the problem from Question 11.

13. How important to you now is treatment for these psychological or emotional problems? ☐

The following items are to be completed by the interviewer:

At the time of the interview, the patient was:

0-No 1-Yes

14. Obviously depressed/withdrawn

15. Obviously hostile

16. Obviously anxious/nervous

17. Having trouble with reality testing, thought disorders, paranoid thinking ☐

18. Having trouble comprehending, concentrating, remembering ☐

19. Having suicidal thoughts □

### INTERVIEWER SEVERITY RATING

20. How would you rate the patient's need for psychiatric/psychological treatment? ☐

## CONFIDENCE RATING

21. Patient's misrepresentation? 0-No 1-Yes ☐

22. Patient's inability to understand? 0-No ☐  
1-Yes ☐

[illegible]





\_\_\_\_\_  
DISTRICT / CIRCUIT COURT  
CRIMINAL BRANCH  
\_\_\_\_\_  
DIVISION

COMMONWEALTH OF KENTUCKY

PLAINTIFF

ORDER REFERRING TO DRUG COURT

VS.

NO. \_\_\_\_\_

Name: \_\_\_\_\_

DEFENDANT

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

CHARGE(S): \_\_\_\_\_

\_\_\_\_\_

\* \* \* \* \*

IT IS HEREBY ORDERED that the above named defendant is referred to the Drug Court Center for eligibility assessment pending further actions of this Court.

Further, the above styled case is set for a \_\_\_\_\_ hearing before this Court on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_. m.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
JUDGE, DISTRICT / CIRCUIT COURT

Attested copies mailed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to:

Jail  
Drug Court  
Defense Attorney  
Prosecutor

By: \_\_\_\_\_ D.C.



## REFERRAL TO DRUG COURT PROBATION TRACK

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

JUDGE: \_\_\_\_\_

You must contact the Drug Court Center within the next three days to schedule an appointment for assessment. Should you fail to do so, you may be held in contempt of court and a warrant will be issued for your arrest.



COMMONWEALTH OF KENTUCKY  
ADMINISTRATIVE OFFICE OF THE COURTS  
DRUG COURT

JOSEPH E. LAMBERT  
CHIEF JUSTICE

CICELY JARACZ LAMBERT  
DIRECTOR

TO: Pretrial Records      DATE: \_\_\_\_\_      Page 1 of \_\_\_\_\_  
REQUESTOR: \_\_\_\_\_      CO. PHONE #: \_\_\_\_\_  
COUNTY: \_\_\_\_\_      CO. FAX #: \_\_\_\_\_  
CO. ADDRESS: \_\_\_\_\_

PLEASE FAX RECORDS WHEN POSSIBLE  
INFORMATION TO BE CHECKED:

NAME:	DOB:
<hr/>	
ALIAS/MAIDEN:	SS#:
<hr/>	
NAME:	DOB:
<hr/>	
ALIAS/MAIDEN:	SS#:
<hr/>	
NAME:	DOB:
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ALIAS/MAIDEN:	SS#:
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NAME:	DOB:
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ALIAS/MAIDEN:	SS#:
<hr/>	
NAME:	DOB:
<hr/>	
ALIAS/MAIDEN:	SS#:
<hr/>	



## DRUG COURT NOTICE OF ELIGIBILITY

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

JUDGE: \_\_\_\_\_

\_\_\_\_\_ Eligible for Drug Court

\_\_\_\_\_ Not Eligible for Drug Court

If transferred, please set for Drug Court Judge \_\_\_\_\_ and schedule for  
(name)

\_\_\_\_\_  
(date and time)

cc: Division of Probation and Parole/Adult Probation  
Commonwealth's Attorney/County Attorney



\_\_\_\_\_  
DISTRICT / CIRCUIT COURT  
CRIMINAL BRANCH  
\_\_\_\_\_  
DIVISION

COMMONWEALTH OF KENTUCKY

PLAINTIFF

ORDER TRANSFERRING TO DRUG COURT

VS.

NO. \_\_\_\_\_

Name: \_\_\_\_\_

DEFENDANT

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

CHARGE(s): \_\_\_\_\_

\_\_\_\_\_

\* \* \* \* \*

The Court being advised that the defendant has been accepted into the Drug Court Program; therefore,

IT IS HEREBY ORDERED that the above named defendant shall report to Judge \_\_\_\_\_ for all further proceedings; and

IT IS FURTHER ORDERED that the defendant shall report to Drug Court, \_\_\_\_\_ County Courthouse, on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ m., and the defendant shall also report to the Drug Court Center immediately following today's hearing if the defendant is not in custody.

Dated this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
JUDGE, CIRCUIT/DISTRICT COURT

Attested copies mailed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to:

Jail  
Drug Court  
Defense Attorney  
Prosecutor

BY: \_\_\_\_\_ D.C.



AOC-PT-21

Rev. 1-03 AKA: \_\_\_\_\_

www.kycourts.net

Case Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_  
Last First Middle/Maiden

DATE OF ARREST: \_\_\_\_\_ CHARGE: \_\_\_\_\_

COURT: \_\_\_\_\_ DV ☐ YesVERIFIED  
Yes NoCOURT DATE: \_\_\_\_\_ ☐ No

PRESENT ADDRESS: \_\_\_\_\_

LENGTH OF RESIDENCE: Present: Yrs. \_\_\_\_ Mos. \_\_\_\_ Area: Yrs. \_\_\_\_ Mos. \_\_\_\_ Phone: ( ) \_\_\_\_  
☐ Own ☐ Rent ☐ Other \_\_\_\_\_

ALTERNATE/PRIOR RESIDENCE: \_\_\_\_\_

Street/Apt. No. City State Zip Code

With Whom: \_\_\_\_\_ Phone: ( ) \_\_\_\_ Lgth. of Res.: Yrs. \_\_\_\_ Mos. \_\_\_\_

LIVES WITH: ☐ Alone ☐ Spouse ☐ Parents ☐ Grandparents ☐ Children ☐ Other Relatives ☐ Other \_\_\_\_\_MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Common Law ☐ Separated No. of Children: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

SPOUSE'S SOURCE OF INCOME: \_\_\_\_\_

FAMILY IN AREA: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_

☐ EMPLOYED ☐ UNEMPLOYED How Long Yrs. \_\_\_\_ Mos. \_\_\_\_☐ Full-time ☐ Part-time ☐ Seasonal ☐ Welfare ☐ Unemployment ☐ Disability ☐ Retirement ☐ Other \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ Job Position: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

Street City State Zip Code

Phone: ( ) \_\_\_\_ Can Contact: ☐ Yes ☐ No Who: \_\_\_\_\_

PRIOR/OTHER SOURCE OF INCOME: \_\_\_\_\_

Job Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_

ATTENDS SCHOOL: ☐ Yes ☐ No ☐ Full-time ☐ Part-time School: \_\_\_\_\_

Address \_\_\_\_\_ Phone: ( ) \_\_\_\_

Highest level of Education: \_\_\_\_\_ Can Contact: ☐ Yes ☐ NoPRIOR ARREST: ☐ Yes ☐ None If yes, Where: \_\_\_\_\_PENDING CHARGES: ☐ Yes ☐ No How Released: \_\_\_\_\_ Next Court Date: \_\_\_\_\_

Where: \_\_\_\_\_ Charges: \_\_\_\_\_

ON PROBATION/PAROLE: ☐ Yes ☐ No Probation/Parole Officer's Name: \_\_\_\_\_

Charges: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_

DRIVER'S LICENSE: ☐ Kentucky ☐ None ☐ Other: \_\_\_\_\_

IN COURT:

Yes	No	Name	Address	Relationship	Phone
		1.			
		2.			
		3.			
		4.			

AOI OFFERED: Yes ☐ No ☐ AOI COMPLETED: Yes ☐ No ☐ COPY AOI to DPA: Yes ☐ No ☐

NON-FINANCIAL ALTERNATIVE:

INITIAL BOND: ELIGIBLE/INELIGIBLE  _____ Points  JUDGE Date Time BOND DECISION	PROBABLE CAUSE REVIEW:  Yes <input type="checkbox"/> No <input type="checkbox"/>	24 Hour Review: <input type="checkbox"/> Yes <input type="checkbox"/> No Courts Decision:	HOW RELEASED:
	PROBABLE CAUSE FOUND:  Yes <input type="checkbox"/> No <input type="checkbox"/>		Copy Provided to Attorney of Record:  Yes <input type="checkbox"/>

COURT DATES (1)

(2)

33 (3)

(4)

(5)

## WARNING

This interview form will be used by the Judge or Trial Commissioner to set bail. It will also be used for personal identification, future bond reviews, service of warrants, and sentencing if found guilty. The Judge may allow your attorney or probation/parole officer to review the information. Your attorney of record will be provided a copy upon request. Except for these situations, any information you provide will be confidential and not released without your written consent or court order. You do not have to say anything, and can stop answering questions at any time. Signing this form means you want to be interviewed.

\_\_\_\_\_  
S/Defendant

☐ **DECLINED INTERVIEW OR REFUSED TO SIGN  
AFTER BEING WARNED:**

Witnessed By: \_\_\_\_\_  
Date and Time: \_\_\_\_\_

Witnessed By: \_\_\_\_\_  
Interviewer: \_\_\_\_\_  
Date and Time: \_\_\_\_\_

*Circle only one number for each  
category of criteria except Miscellaneous  
and Previous Criminal Record*

### MISCELLANEOUS

- +3 Owns property in the Commonwealth
- +1 Has a telephone.
- +1 Expects someone at arraignment.

### RESIDENCE

- +5 Has been a resident of the Commonwealth for more than one year.
- +3 Has been a resident of the Commonwealth for less than one year but more than three months.
- +1 Has been a resident of Commonwealth for less than three months.

### PREVIOUS CRIMINAL RECORD (+)

- +3 No convictions on record (excluding traffic violations) in last two years.

(A) \_\_\_\_\_ **TOTAL POSITIVE POINTS**

### PERSONAL TIES

- +4 Lives with spouse, grandparents, children, parents, and/or guardian.
- +3 Lives with other relatives.
- +2 Lives with non-related roommates.
- +1 Lives alone and maintains residence.

### PREVIOUS CRIMINAL RECORD (-) (FTA must be verified by court records)

- 2 FTA on traffic offense or criminal violation in last two years.
- 3 AWOL on record (current military personnel only).
- 5 Released from custody after felony convictions in the last two years.
- 5 Conviction for Felony Escape.
- 10 FTA on misdemeanor charge in last five years.
- 15 FTA on felony charge at any time.
- 15 Violation Monitored Conditional Release while case is pending and active.

(B) \_\_\_\_\_ **TOTAL NEGATIVE POINTS**

(C) \_\_\_\_\_ **TOTAL ADDENDUM POINTS**

### ECONOMIC TIES (Double length of employment if part-time)

- +5 Has held present job for more than one year OR is a full-time student.
- +4 Has held present job for less than one year but more than three months.
- +3 Is dependent on spouse, parents, other relatives, or legal guardian, unemployment, disability, retirement, or welfare compensation.
- +2 Has held present job for less than three months or is a part-time student.

\_\_\_\_\_ **TOTAL PRETRIAL RELEASE POINTS  
("A" minus "B" minus "C")**

COMMENTS:

COURTNET	
DOT	
NCIC	
KSP	
LINK	
OTHER	
PENDING CASES	
OUTSTANDING WARRANTS	



## DRUG COURT ELIGIBILITY CRITERIA

NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

This information is confidential and will be used by the court to determine eligibility for participation in Drug Court.

Check the following categories as applicable:

---

TO BE COMPLETED BY PRETRIAL SERVICES:

I. The Defendant is charged with:

- \_\_\_\_\_ a. Possession of Drug Paraphernalia, 2nd offense, and no other felony charges with the possible exception of Possession of Controlled Substance and other evidence of drug addiction.
- \_\_\_\_\_ b. Possession of Controlled Substance (Felony).
- \_\_\_\_\_ c. Obtaining Controlled Substance by Fraud (Prescription Fraud).

---

TO BE COMPLETED BY DRUG COURT PERSONNEL:

II. The criminal history reflects:

- \_\_\_\_\_ a. No prior violent misdemeanor convictions within the past 10 years.
- \_\_\_\_\_ b. No prior felony convictions, with the possible exception of Possession of Controlled Substance and other evidence of drug addiction.
- \_\_\_\_\_ c. No convictions of Trafficking in a Controlled Substance.





**WAIVER**

I give my permission for \_\_\_\_\_ to see  
my interview prepared by Pretrial Services.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

[illegible]



DEFENDANT \_\_\_\_\_

**DRUG COURT ATTACHMENTS TO PROSECUTOR**

CRIMINAL HISTORY \_\_\_\_\_

PRETRIAL INTERVIEW \_\_\_\_\_

CHARGING DOCUMENT \_\_\_\_\_

WAIVER \_\_\_\_\_

ASSESSMENT \_\_\_\_\_

DRUG SCREEN \_\_\_\_\_

KSP LAB REPORT \_\_\_\_\_

OFFICER CONTACT \_\_\_\_\_

NEXT COURT DATE \_\_\_\_\_

APPROVED \_\_\_\_\_

REJECTED \_\_\_\_\_

**NOTES:**

## FORM OF ACCEPTANCE INTO DRUG COURT

After review of Defendant's prior criminal history and after making a case-by-case analysis of Defendant's eligibility status for the Drug Court Program, the County Attorney's Office and the Commonwealth's Attorney Office have determined that \_\_\_\_\_ appears eligible as a candidate for Drug Court. Upon receipt of a completed Waiver of Indictment, the Commonwealth will file an Information charging Defendant with the offense(s) of \_\_\_\_\_ .

(To be completed by defense attorney)

\_\_\_\_\_ CIRCUIT COURT  
CRIMINAL BRANCH  
\_\_\_\_\_ DIVISION

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

**WAIVER OF INDICTMENT**

NO. \_\_\_\_\_

\_\_\_\_\_

DEFENDANT

\* \* \* \* \*

The undersigned, \_\_\_\_\_, hereby states to the Court that I have been held to answer in this Court for the felony offense(s) of \_\_\_\_\_; and hereby acknowledge that my attorney, the Hon. \_\_\_\_\_ has explained to me and I understand that Section 12 of the Constitution requires that the aforesaid offense be prosecuted by indictment unless the undersigned waives indictment by notice in writing to the Court, in which event the offense(s) may be prosecuted by information. With that understanding and pursuant to RCr 6.02, I hereby knowingly and voluntarily waive my right to be prosecuted by indictment and agree to proceed forthwith by information filed by the Commonwealth's Attorney.

\_\_\_\_\_  
DEFENDANT

Subscribed and sworn to before me by \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, State At Large

My commission expires: \_\_\_\_\_

*(To be completed by defense attorney)*

\_\_\_\_\_  
CIRCUIT COURT  
CRIMINAL BRANCH  
DRUG COURT DIVISION

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

**STIPULATION OF FACTS  
POSSESSION OF DRUG PARAPHERNALIA**

NO. \_\_\_\_\_

\_\_\_\_\_

DEFENDANT

\* \* \* \* \*

The above named Defendant respectfully represents to the Court as follows:

1. My full name is \_\_\_\_\_ .
2. My age is \_\_\_\_\_. My date of birth is \_\_\_\_\_.  
My Social Security number is \_\_\_\_\_ .
3. I have completed \_\_\_\_\_ years of school.
4. I am not now under the influence of alcohol, narcotics, or any other type of drugs or medications that impair my judgment or my ability to understand these proceedings.
5. I am not now suffering from, nor being treated for, any mental condition.
6. I am represented by counsel and the name of my lawyer is \_\_\_\_\_ .
7. I know and understand that it is necessary that I complete this Stipulation of Facts before I can be admitted into the Drug Court Program.
8. I know and understand that this Stipulation of Facts will be used as an admission of guilt in my prosecution for the offense(s) of \_\_\_\_\_ or any of the lesser included offense(s) if I am determined by the Drug Court Judge to have failed the Drug Court program, or if I fail to complete the Drug Court program.

9. I know and understand that any trial for the prosecution of \_\_\_\_\_ will not take place until I have been determined by the Drug Court Judge to have failed the Drug Court program, or until I fail to complete the Drug Court program. I understand that the time frame involved could be up to one year, or more, after enrollment in the Drug Court program.
10. I know and understand that I will be required to make a statement, under oath, in an official proceeding, regarding the truth of this Stipulation of Fact; and as such, I understand that I could be subject to the penalties of First-Degree Perjury if I make a material false statement regarding the Stipulation of Facts.
11. I declare that no officer or agent of any branch of government nor any other person has used force, duress, or coercion to get me to make this Stipulation of Facts.
12. I declare that I make this Stipulation of Facts freely and voluntarily and of my own accord and with full understanding of all the matters contained in this Stipulation of Facts.

### **STIPULATION**

13. I admit that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at approximately \_\_\_\_\_ a.m./p.m. at \_\_\_\_\_ location in \_\_\_\_\_ County, that I, \_\_\_\_\_, possessed \_\_\_\_\_, which is considered, by law, to be drug paraphernalia.
14. I admit that I knew and was aware that I possessed the \_\_\_\_\_.
15. I admit that I intended to use the item for the purpose of \_\_\_\_\_.
16. I admit that I knew it was unlawful to possess the \_\_\_\_\_.
17. I acknowledge that I have previously been convicted of possession of drug paraphernalia.
18. I admit that I was not under any duress, coercion, or threat of force to possess the paraphernalia.

Signed by me in the presence of my attorney, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
DEFENDANT

## CERTIFICATION OF COUNSEL

The undersigned, as attorney and counselor for the Defendant, \_\_\_\_\_ ,  
hereby certifies as follows:

1. That I have fully explained to the Defendant the charges which have been placed against the Defendant.
2. That I have fully explained the Drug Court program to the Defendant.
3. That I have fully explained that this Stipulation of Facts will be used as an admission of guilt against the Defendant in any subsequent prosecution for the offense of \_\_\_\_\_ or any lesser included offense(s) should the Defendant be determined by the Drug Court Judge to have failed the program or if the Defendant fails to complete the program.
4. That in my opinion, based upon my having conferred with the Defendant, the Defendant appreciates the criminality of his conduct and was not unable as a result of mental illness or retardation to conform his conduct to the requirements of the law.
5. That to the best of my knowledge and belief the statements, representations and declarations made by the Defendant in this Stipulation of Facts are in all respects accurate and true and was signed in my presence by the Defendant.

Signed by me in the presence of the Defendant and after full discussion of the contents of this Stipulation of Facts with the Defendant, this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ .

\_\_\_\_\_  
Attorney for the Defendant



*(To be completed by defense attorney)*

\_\_\_\_ CIRCUIT COURT  
CRIMINAL BRANCH  
DRUG COURT DIVISION

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

**STIPULATION OF FACTS  
POSSESSION OF CONTROLLED SUBSTANCE**

NO. \_\_\_\_\_

DEFENDANT

\_\_\_\_\_

\* \* \* \* \*

The above named Defendant respectfully represents to the Court as follows:

1. My full name is \_\_\_\_\_ .
2. My age is \_\_\_\_\_. My date of birth is \_\_\_\_\_.  
My Social Security number is \_\_\_\_\_ .
3. I have completed \_\_\_\_\_ years of school.
4. I am not under the influence of alcohol, narcotics, or any other type of drugs or medications that impair my judgment or my ability to understand these proceedings.
5. I am not now suffering from, nor being treated for, any mental condition.
6. I am represented by counsel and the name of my lawyer is \_\_\_\_\_ .
7. I know and understand that it is necessary that I complete this Stipulation of Facts before I can be admitted into the Drug Court program.
8. I know and understand that this Stipulation of Facts will be used as an admission of guilt in my prosecution for the offense(s) of \_\_\_\_\_ or any of the lesser included offense(s) if I am determined by the Drug Court Judge to have failed the Drug Court program, or if I fail to complete the Drug Court program.
9. I know and understand that any trial for the prosecution of \_\_\_\_\_ will not take place until I have been determined by the Drug Court Judge to have failed the Drug Court program, or until I fail to complete the Drug Court program. I understand that the time frame involved could be one year, or more, after enrollment in the Drug Court program.

10. I know and understand that I will be required to make a statement, under oath, in an official proceeding, regarding the truth of this Stipulation of Facts, and as such, I understand that I could be subject to the penalties of First-Degree Perjury if I make a material false statement regarding the Stipulation of Facts.

11. I declare that no officer or agent of any branch of government nor any other person has used force, duress, or coercion to get me to make this Stipulation of Facts.

12. I declare that I make this Stipulation of Facts freely and voluntarily and of my own accord and with full understanding of all the matters contained in this Stipulation of Facts.

### **STIPULATION**

13. I admit that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at approximately \_\_\_\_\_ a.m./p.m. at \_\_\_\_\_ location in \_\_\_\_\_ County, that I, \_\_\_\_\_, possessed \_\_\_\_\_, a controlled substance.

14. I admit that I knew and was aware that I possessed the substance.

15. I admit that I knew and/or believed the substance which I possessed was in fact \_\_\_\_\_, which is a controlled substance.

16. I admit that I knew it was unlawful to possess the \_\_\_\_\_.

17. I admit that I was not under any duress, coercion, or threat of force to possess the controlled substance.

-Signed by me in the presence of my attorney, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Defendant

### **CERTIFICATION OF COUNSEL**

The undersigned, as attorney and counselor for the Defendant, \_\_\_\_\_ hereby certifies as follows:

1. That I have fully explained to the Defendant the charges which have been placed against the Defendant.

2. That I have fully explained the Drug Court program to the Defendant.

3. That I have fully explained that this Stipulation of Facts will be used as an admission of guilt against the Defendant in any subsequent prosecution for the offense of \_\_\_\_\_ or any lesser included offense(s) should the Defendant be determined by the Drug Court Judge to have failed the program or if the Defendant fails to complete the program.

4. That in my opinion, based upon my having conferred with the Defendant, the Defendant appreciates the criminality of his conduct and was not unable as a result of mental illness or retardation to conform his conduct to the requirements of the law.

5. That to the best of my knowledge and belief the statements, representations and declarations made by the Defendant in this Stipulation of Facts are in all respects accurate and true and was signed in my presence by the Defendant.

Signed by me in the presence of the Defendant and after full discussion of the contents of this Stipulation of Facts with the Defendant, this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ .

---

Attorney for the Defendant

(To be completed by defense attorney)

\_\_\_\_\_  
CIRCUIT COURT  
CRIMINAL BRANCH  
DRUG COURT DIVISION

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

**STIPULATION OF FACTS  
OBTAINING A CONTROLLED SUBSTANCE BY FRAUD**

NO. \_\_\_\_\_

DEFENDANT

\_\_\_\_\_

\* \* \* \* \*

The above named Defendant respectfully represents to the Court as follows:

1. My full name is \_\_\_\_\_ .
2. My age is \_\_\_\_\_. My date of birth is \_\_\_\_\_.  
My Social Security number is \_\_\_\_\_ .
3. I have completed \_\_\_\_\_ years of school.
4. I am not under the influence of alcohol, narcotics, or any other type of drugs or medications that impair my judgment or my ability to understand these proceedings.
5. I am not now suffering from, nor being treated for, any mental condition.
6. I am represented by counsel and the name of my lawyer is \_\_\_\_\_ .
7. I know and understand that it is necessary that I complete this Stipulation of Facts before I can be admitted into the Drug Court program.
8. I know and understand that this Stipulation of Facts will be used as an admission of guilt in my prosecution for the offense(s) of \_\_\_\_\_ or any of the lesser included offense(s) if I am determined by the Drug Court Judge to have failed the Drug Court program, or if I fail to complete the Drug Court program.
9. I know and understand that any trial for the prosecution of \_\_\_\_\_ will not take place until I have been determined by the Drug Court Judge to have failed the Drug Court program, or until I fail to complete the Drug Court program. I understand that the time frame involved could be one year, or more, after enrollment in the Drug Court program.

10. I know and understand that I will be required to make a statement, under oath, in an official proceeding, regarding the truth of this Stipulation of Facts, and as such, I understand that I could be subject to the penalties of First-Degree Perjury if I make a material false statement regarding the Stipulation of Facts.

11. I declare that no officer or agent of any branch of government nor any other person has used force, duress, or coercion to get me to make this Stipulation of Facts.

12. I declare that I make this Stipulation of Facts freely and voluntarily and of my own accord and with full understanding of all the matters contained in this Stipulation of Facts.

### **STIPULATION**

13. I admit that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at approximately \_\_\_\_\_ a.m./p.m. at \_\_\_\_\_ location in \_\_\_\_\_ County, that I, \_\_\_\_\_, obtained/attempted to obtain \_\_\_\_\_, which is a controlled substance.

14. I admit that I obtained/attempted to obtain \_\_\_\_\_ by \_\_\_\_\_ (fraud/deceit/misrepresentation/forgery/alteration of the prescription/concealment of material fact/use of a false name/use of a false address/making a false statement regarding a prescription).

15. I admit that I knew and believed that I was not properly authorized by a doctor to obtain/attempt to obtain the controlled substance.

16. I admit that I knew it was unlawful to obtain/attempt to obtain a controlled substance by using the means which I used to obtain/attempt to obtain the controlled substance.

17. I admit that I was not under any duress, coercion, or threat of force to obtain/attempt to obtain the controlled substance.

Signed by me in the presence of my attorney, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Defendant

### **CERTIFICATION OF COUNSEL**

The undersigned, as attorney and counselor for the Defendant, \_\_\_\_\_ hereby certifies as follows:

1. That I have fully explained to the Defendant the charges which have been placed against the Defendant.

2. That I have fully explained the Drug Court program to the Defendant.

3. That I have fully explained that this Stipulation of Facts will be used as an admission of guilt against the Defendant in any subsequent prosecution for the offense of \_\_\_\_\_ or any lesser included offense(s) should the Defendant be determined by the Drug Court Judge to have failed the program or if the Defendant fails to complete the program.

4. That, in my opinion, based upon my having conferred with the Defendant, the Defendant appreciates the criminality of his conduct and was not unable as a result of mental illness or retardation to conform his conduct to the requirements of the law.

5. That to the best of my knowledge and belief the statements, representations and declarations made by the Defendant in this Stipulation of Facts are in all respects accurate and true and was signed in my presence by the Defendant.

Signed by me in the presence of the Defendant and after full discussion of the contents of this Stipulation of Facts with the Defendant, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

---

Attorney for the Defendant

DC-30

10-03

[www.kycourts.net](http://www.kycourts.net)



## DRUG COURT PROBATION INTAKE LOG

D. O. R.	NAME	CHARGE	ATTORNEY	JUDGE	NEXT COURT DATE	TYPE OF RELEASE	CRIMINAL HISTORY	PSI	ASSMT	DRUG TEST	ELIG	NOTICE OF ELIG	ARGNMT DATE	OTHER CHARGE

[illegible]





INDIVIDUALIZED PROGRAM PLAN  
PHASE I

Name \_\_\_\_\_ SSN \_\_\_\_\_

Problem: _____
Goal: _____
Intervention: _____
Task: _____
Target Date of Completion: _____
Comments: _____
Staff / Title: _____ Participant: _____

Problem: _____
Goal: _____
Intervention: _____
Task: _____
Target Date of Completion: _____
Comments: _____
Staff / Title: _____ Participant: _____

Problem: _____
Goal: _____
Intervention: _____
Task: _____
Target Date of Completion: _____
Comments: _____
Staff / Title: _____ Participant: _____



INDIVIDUALIZED PROGRAM PLAN  
PHASE II

Name \_\_\_\_\_ SSN \_\_\_\_\_

Problem: \_\_\_\_\_

Goal: \_\_\_\_\_

Intervention: \_\_\_\_\_

Task: \_\_\_\_\_

Target Date of Completion: \_\_\_\_\_

Comments: \_\_\_\_\_

Staff / Title: \_\_\_\_\_ Participant: \_\_\_\_\_

Problem: \_\_\_\_\_

Goal: \_\_\_\_\_

Intervention: \_\_\_\_\_

Task: \_\_\_\_\_

Target Date of Completion: \_\_\_\_\_

Comments: \_\_\_\_\_

Staff / Title: \_\_\_\_\_ Participant: \_\_\_\_\_

Problem: \_\_\_\_\_

Goal: \_\_\_\_\_

Intervention: \_\_\_\_\_

Task: \_\_\_\_\_

Target Date of Completion: \_\_\_\_\_

Comments: \_\_\_\_\_

Staff / Title: \_\_\_\_\_ Participant: \_\_\_\_\_



INDIVIDUALIZED PROGRAM PLAN  
PHASE III

Name \_\_\_\_\_ SSN \_\_\_\_\_

Problem: \_\_\_\_\_

Goal: \_\_\_\_\_

Intervention: \_\_\_\_\_

Task: \_\_\_\_\_

Target Date of Completion: \_\_\_\_\_

Comments: \_\_\_\_\_

Staff / Title: \_\_\_\_\_ Participant: \_\_\_\_\_

Problem: \_\_\_\_\_

Goal: \_\_\_\_\_

Intervention: \_\_\_\_\_

Task: \_\_\_\_\_

Target Date of Completion: \_\_\_\_\_

Comments: \_\_\_\_\_

Staff / Title: \_\_\_\_\_ Participant: \_\_\_\_\_

Problem: \_\_\_\_\_

Goal: \_\_\_\_\_

Intervention: \_\_\_\_\_

Task: \_\_\_\_\_

Target Date of Completion: \_\_\_\_\_

Comments: \_\_\_\_\_

Staff / Title: \_\_\_\_\_ Participant: \_\_\_\_\_



## AUTHORIZATION FOR REQUEST FOR RELEASE OF INFORMATION

RE : \_\_\_\_\_ A/K/A : \_\_\_\_\_ Birthdate \_\_\_\_\_  
Participant's Name  
Social Security Number \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_ Drug Court  
(Name of Participant) (County)

to disclose to or request from \_\_\_\_\_  
(Circle one) (Name of person or organization to disclose to or request from)

the following information:

\_\_\_\_\_  
(Nature of information, as limited as possible)

I am aware this record may contain psychiatric, drug, alcohol abuse, HIV infection, or sexually transmitted disease information. I understand this information may be redisclosed and thus no longer protected as confidential.

**These items are not to be released unless specifically checked:**

\_\_\_\_\_ Psychiatric or Mental Health \_\_\_\_\_ Alcohol or Drug Treatment Information  
\_\_\_\_\_ AIDS/HIV Related Results \_\_\_\_\_ Sexually Transmitted Disease Information

The purpose of the disclosure authorized herein is to: \_\_\_\_\_  
(Purpose of disclosure, be as specific as possible)

I understand my records are protected under the Federal Regulations governing confidentiality of Alcohol and Drug Abuse Records, 42 CFR, Part 2, and under certain circumstances, HIPAA Standards for Privacy of Health Information, 45 CFR, Parts 160 and 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand I may revoke this consent in writing at any time by giving a signed copy to the Drug Court staff except to the extent that action has been taken in reliance of it, and that in any event this consent expires one (1) year after the date signed or upon completion of the program, whichever is later, unless an earlier date is specified.

Earlier date requested: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, (state earlier date) \_\_\_\_\_

If you refuse to sign this authorization, you will not be allowed to continue in the Drug Court program. This is a limited disclosure for the purpose(s) stipulated above and so indicated by the person from whose records this information has been extracted. EACH DISCLOSURE WILL BE ACCOMPANIED BY THE FOLLOWING STATEMENT: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS PROTECTED BY FEDERAL CONFIDENTIALITY RULES. FEDERAL RULES PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY THE WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY 42 CFR, PART 2 OR 45 CFR, PART 160 AND 164. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS INSUFFICIENT FOR THIS PURPOSE. FEDERAL RULES RESTRICT ANY USE OF THE INFORMATION OBTAINED HEREIN TO CRIMINALLY INVESTIGATE OR PROSECUTE ANY ALCOHOL OR DRUG ABUSE PATIENT.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Participant or Authorized Party)

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
(Relationship if other than Participant)

DISTRIBUTION: ORIGINAL/FILE COPY/PARTICIPANT



## DRUG COURT PHASE I CALENDAR

Name: \_\_\_\_\_ Week of: \_\_\_\_\_

### Employment or Educational Training

Place: _____	Address: _____
Contact Name: _____	Phone Number: _____

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: _____							
Journal Topic: _____							
Date: _____							
Journal Topic: _____							
Date: _____							
Journal Topic: _____							
Date: _____							
Journal Topic: _____							
Date: _____							
Journal Topic: _____							
Date: _____							
Journal Topic: _____							

- Always check return to court slip for next court date
- Complete daily assignments
- Attend assigned NA/AA or self-help meetings



## DRUG COURT PHASE II CALENDAR

Name: \_\_\_\_\_ Weeks of: \_\_\_\_\_  
Employment or Educational Training \_\_\_\_\_

Place: _____	Address: _____
Contact Name: _____	Phone Number: _____

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1st							
2nd							

### First Week

Date: _____ Journal: Your Topic
Date: _____ Journal: Affirmation
Date: _____ Journal: Current Event
Date: _____ Journal: Your Topic
Date: _____ Journal: Affirmation
Date: _____ Journal: Current Event
Date: _____ Journal: Your Topic

### Second Week

Date: _____ Journal: Affirmation
Date: _____ Journal: Current Event
Date: _____ Journal: Your Topic
Date: _____ Journal: Affirmation
Date: _____ Journal: Current Event
Date: _____ Journal: Your Topic
Date: _____ Journal: Affirmation

- ☞ Always check return to court slip for next court date
- ☞ Book report due every two weeks
- ☞ Written good deed every two weeks
- ☞ Attend assigned NA/AA or self-help meetings



## DRUG COURT PHASE III CALENDAR

Name: \_\_\_\_\_ Weeks of: \_\_\_\_\_

Employment / Education: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>1st</b>							
<b>2nd</b>							
<b>3rd</b>							

### First Week

Date:	Journal: Your Topic
Date:	Journal: Affirmation
Date:	Journal: Current Event
Date:	Journal: Your Topic
Date:	Journal: Affirmation
Date:	Journal: Current Event
Date:	Journal: Your Topic

### Second Week

Date:	Journal: Affirmation
Date:	Journal: Current Event
Date:	Journal: Your Topic
Date:	Journal: Affirmation
Date:	Journal: Current Event
Date:	Journal: Your Topic
Date:	Journal: Affirmation

### Third Week

Date:	Journal: Current Event
Date:	Journal: Your Topic
Date:	Journal: Affirmation
Date:	Journal: Current Event
Date:	Journal: Your Topic
Date:	Journal: Affirmation
Date:	Journal: Current Event

- ☞ Always check return to court slip for next court date
- ☞ Book report due every three weeks
- ☞ Written good deed due every three weeks
- ☞ Attend assigned NA/AA or self-help meeting per week



## SELF HELP MEETING ATTENDANCE VERIFICATION

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

MEETING: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MEETING CHAIRPERSON (TO BE SIGNED AT END OF MEETING)

DATE: \_\_\_\_\_

MEETING: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MEETING CHAIRPERSON (TO BE SIGNED AT END OF MEETING)

DATE: \_\_\_\_\_

MEETING: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MEETING CHAIRPERSON (TO BE SIGNED AT END OF MEETING)

DATE: \_\_\_\_\_

MEETING: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MEETING CHAIRPERSON (TO BE SIGNED AT END OF MEETING)





## Drug Court Case Notes

Name: \_\_\_\_\_ Week(s) of: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Weeks in Program: \_\_\_\_\_ Phase: \_\_\_\_\_

Drug Screens Total # \_\_\_\_\_

Negative ☐ # \_\_\_\_\_  
Positive ☐ # \_\_\_\_\_  
Missed ☐ # \_\_\_\_\_

### Weekly Activities:

	y	n	n/a	
Housing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Individual Sessions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Group Sessions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Family Sessions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
NA/AA or self-help Meetings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Educational Training:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Court Obligations Paid:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

### Comments:

Staff:



## DRUG COURT EXIT CALENDAR

Name: \_\_\_\_\_ Week of: \_\_\_\_\_

Employment or Educational Training

Place: _____	Address: _____
Contact Name: _____	Phone Number: _____

Schedule Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: _____ Journal Topic: What life skills have you gained as a result of your Drug Court experience?						
Date: _____ Journal Topic: List both positive and negative experiences you have had during your participation in the Drug Court program.						
Date: _____ Journal Topic: Can you identify your triggers? What are they? How do you deal with them?						
Date: _____ Journal Topic: How has your view of yourself changed from a year ago?						
Date: _____ Journal Topic: How has your understanding of drug and alcohol addiction changed from a year ago?						
Date: _____ Journal Topic: Write a comprehensive relapse prevention plan. Include your support systems.						
Date: _____ Journal Topic: Write a good-bye letter to your lifestyle and make a list of goals to take with you to your new lifestyle.						

Prior to turning in this calendar, you must schedule an exit interview to review your relapse prevention plan with your Case Specialist and the Treatment Coordinator.

# Certificate of Achievement

awarded to

This certifies that the above named recipient  
has satisfactorily completed Phase I of the

Drug Court program and is

therefore promoted to Phase II.

Date

Honorable (Judge's Name)



\_\_\_\_\_  
DISTRICT/CIRCUIT COURT  
CRIMINAL BRANCH  
DRUG COURT

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

**CERTIFICATION OF VIOLATIONS**

NO. \_\_\_\_\_

\_\_\_\_\_

DEFENDANT

\* \* \* \* \*

Comes the affiant, \_\_\_\_\_, and after first being duly sworn,  
states that he/she is the Treatment Coordinator of the \_\_\_\_\_  
Drug Court program for the Commonwealth of Kentucky. (county)

The affiant states that the Defendant had the following violation(s):

- \_\_\_\_\_ Absconded from the program
- \_\_\_\_\_ Excessive positive drug tests
- \_\_\_\_\_ Failure to comply with other terms of program as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Treatment Coordinator

\_\_\_\_\_ Drug Court

Subscribed and sworn to before me by \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_ D. C.  
(Pursuant to KRS 30A.070)



\_\_\_\_\_  
DISTRICT/CIRCUIT COURT  
CRIMINAL BRANCH  
DRUG COURT

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

**ORDER OF TERMINATION  
FROM DRUG COURT**

NO. \_\_\_\_\_

\_\_\_\_\_

DEFENDANT

\* \* \* \* \*

The Court has found that the Defendant has violated the terms and conditions of the Drug Court program, as documented by the attached certification of violations. Therefore, the Court hereby ORDERS that the Defendant be terminated from the Drug Court program. As the Defendant was ordered to enroll and successfully complete that program as a condition of his/her probation, the Court now directs that the case be docketed \_\_\_\_\_ after arrest  
(date)  
at the hour of \_\_\_\_\_ , for a probation revocation hearing. The Clerk is directed to issue a  
(time)  
probation violation warrant for service on Defendant with no bond. The Defendant is appointed a Public Defender/Legal Aid attorney to represent him/her at said hearing.

\_\_\_\_\_  
Judge, District/Circuit Court  
Drug Court

Attested copies to:  
Jail/Commonwealths' Atty. or County Atty./Drug Court Center/Public Defender or Legal Aid  
Office/Defendant/Probation and Parole/Docket Clerk

This \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ .

By: \_\_\_\_\_ , D. C. **FTA, WARRANT OUTSTANDING**



\_\_\_\_\_  
DISTRICT/CIRCUIT COURT  
CRIMINAL BRANCH  
DRUG COURT

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

**ORDER OF TERMINATION  
FROM DRUG COURT**

NO. \_\_\_\_\_

\_\_\_\_\_

DEFENDANT

\* \* \* \* \*

The Court has found that the Defendant has violated the terms and conditions of the Drug Court program, as documented by the attached certification of violations. Therefore, the Court hereby ORDERS that the Defendant be terminated from the Drug Court program and shall be remanded to the custody of the \_\_\_\_\_ County Detention Center. As the Defendant was ordered to enroll and successfully complete that program as a condition of his/her probation, the Court now directs that the case be docketed for \_\_\_\_\_ , \_\_\_\_\_  
(day) (date)  
at the hour of \_\_\_\_\_ , for a probation revocation hearing. The Clerk is directed to issue a  
(time)  
probation violation warrant for service on the Defendant, with no bond. The Defendant is appointed a Public Defender/Legal Aid attorney to represent him/her at said hearing.

\_\_\_\_\_  
Judge, District/Circuit Court  
Drug Court

Attested copies to:

Jail/Commonwealths' Atty. or County Atty./Drug Court Center/Public Defender or Legal Aid  
Office/Defendant/Probation and Parole/Docket Clerk

This \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ .

By: \_\_\_\_\_ , D. C.

**NO- FTA**



\_\_\_\_\_  
DISTRICT/CIRCUIT COURT  
CRIMINAL BRANCH  
DRUG COURT

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

**ORDER OF TERMINATION  
FROM DRUG COURT**

NO. \_\_\_\_\_

DEFENDANT

\* \* \* \* \*

The Court has found that the Defendant has violated the terms and conditions of the Drug Court program, as documented by the attached certification of violations. Therefore, the Court hereby ORDERS that the Defendant be terminated from the Drug Court program. As the Defendant was ordered to enroll and successfully complete that program as a condition of a diversion agreement, the Court now directs that the case be docketed for \_\_\_\_\_ (date) following arrest at the hour of \_\_\_\_\_, for sentencing. The Office of Probation and Parole (time) is ordered to prepare a Pre-Sentence Investigation Report and furnish it to the Court, the Commonwealth and counsel for the Defendant. The Defendant is appointed a Public Defender/Legal Aid attorney to represent him/her at said hearing.

\_\_\_\_\_  
Judge, District/Circuit Court  
Drug Court

Attested copies to:

Jail/Commonwealths' Atty. or County Atty./Drug Court Center/Public Defender or Legal Aid  
Office/Defendant/Probation and Parole/Docket Clerk

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_, D. C. **FTA, WARRANT OUTSTANDING, DIVERSION**



\_\_\_\_\_  
DISTRICT/CIRCUIT COURT  
CRIMINAL BRANCH  
DRUG COURT

COMMONWEALTH OF KENTUCKY

PLAINTIFF

VS.

**ORDER OF TERMINATION  
FROM DRUG COURT**

NO. \_\_\_\_\_

DEFENDANT

\* \* \* \* \*

The Court has found that the Defendant has violated the terms and conditions of the Drug Court program, as documented by the attached certification of violations. Therefore, the Court hereby ORDERS that the Defendant be terminated from the Drug Court program and shall be remanded to the custody of the Jailer at the \_\_\_\_\_ County Detention Center. As the Defendant was ordered to enroll and successfully complete that program as a condition of a diversion agreement, the Court now directs that the case be docketed for \_\_\_\_\_, \_\_\_\_\_ (day) \_\_\_\_\_ at the hour of \_\_\_\_\_, for sentencing. The Office of Probation and Parole is ordered to prepare a Pre-Sentence Investigation Report and furnish it to the Court, the Commonwealth and counsel for the Defendant. The Defendant is appointed a Public Defender/Legal Aid attorney to represent him/her at said hearing.

\_\_\_\_\_  
Judge, District/Circuit Court  
Drug Court

Attested copies to:  
Jail/Commonwealths' Atty. or County Atty./Drug Court Center/Public Defender or Legal Aid  
Office/Defendant/Probation and Parole/Docket Clerk

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_, D. C.

**No FTA, DIVERSION**



## MONTHLY STATISTICAL REPORT

**A. Diversion Track**

1. Number of candidates assessed \_\_\_\_\_
2. Number of candidates eligible \_\_\_\_\_
3. Number of candidates accepted \_\_\_\_\_

**B. Probation Track**

1. Number of candidates referred \_\_\_\_\_
2. Number of candidates assessed \_\_\_\_\_
3. Number of candidates eligible \_\_\_\_\_
4. Number of candidates transferred \_\_\_\_\_

**C. Total Diversion and Probation candidates accepted** \_\_\_\_\_**D. Number of participants graduated to next phase** \_\_\_\_\_

1. from Phase I to Phase II \_\_\_\_\_
2. from Phase II to Phase III \_\_\_\_\_
3. graduated from Phase III \_\_\_\_\_

**E. Number of Court Sessions** \_\_\_\_\_

1. Total number of participants attending sessions \_\_\_\_\_

**F. Number of participant collections/drops** \_\_\_\_\_

1. Total number of panels used \_\_\_\_\_

**G. Number of participants identified as using based on drug tests** \_\_\_\_\_

- |  |                                  |
|--|----------------------------------|
| 1. Total number of positive tests by drug type | 2. # of participants responsible |
| cocaine  | _____                            |
| marijuana                                      | _____                            |
| opiates  | _____                            |
| methamphetamine                                | _____                            |
| alcohol  | _____                            |
| benzodiazepine                                 | _____                            |
| methadone                                      | _____                            |
| approved prescriptions                         | _____                            |
| other  | _____                            |

**H. Number of individual sessions** \_\_\_\_\_**I. Number of group contacts** \_\_\_\_\_**J. Number of family/support sessions** \_\_\_\_\_**K. Number of participants referred to outside agencies (excluding residential services)** \_\_\_\_\_**L. Number of participants referred for residential services** \_\_\_\_\_

- a. Number of participants referred to in-patient treatment (less than 50 days)

Number admitted	_____
-----------------	-------

Number completed	_____
------------------	-------

- b. Number of participants referred to long term residential

Number admitted	_____
-----------------	-------

Number completed	_____
------------------	-------

**M. Number of participants employed** \_\_\_\_\_

1. part-time \_\_\_\_\_
2. full-time \_\_\_\_\_
3. disabled \_\_\_\_\_

<b>N. Number of participants in educational pursuit</b>	_____
1. high school/GED classes	_____
2. college courses	_____
3. vocational training	_____
4. literacy classes	_____
<b>O. Number of employment/education verifications</b>	_____
1. on-site	_____
2. phone contact	_____
3. checks/pay stubs/schedules	_____
<b>P. Number of housing verifications</b>	_____
1. on-site	_____
2. phone contact	_____
<b>Q. Number of curfew verifications</b>	_____
1. on-site	_____
2. phone contact	_____
<b>R. Total amount paid toward court obligations</b>	_____
1. court costs	_____
2. public defender fees	_____
3. restitution	_____
4. jail/work release fees	_____
5. child support	_____
6. fines	_____
7. other _____	_____
<b>S. Total number of sanctions</b>	_____
1. Community service	_____
2. Detention/incarceration	_____
3. Phase demotion	_____
4. Other _____	_____
(List)	
<b>T. Total number of participants rearrested for new charges</b>	_____
1. Felony	_____
Charge and disposition	_____
	_____
	_____
2. Misdemeanor	_____
Charge and disposition	_____
	_____
	_____
<b>U. Total number of terminations</b>	_____
1. Failure to comply	_____
2. New offenses/other charges	_____
3. Administrative discharge	_____
4. Fugitive	_____
<b>V. Total number of active participants</b>	_____
<b>W. Total number of aftercare participants</b>	_____
<b>X. Number of drug free babies</b>	_____
<b>Y. Number of participants completed/received</b>	
GED	_____
High school	_____
College	_____
Vocational training	_____
Literacy classes	_____

## MONTHLY STATISTICAL REPORT INSTRUCTIONS

- A. Complete this section only if you have a diversion track. Otherwise, leave blank.
- A.1. Review your log for the month, and count the number of assessments conducted for eligible diversion candidates.
- A.2. Count the number of candidates that have no violent misdemeanor convictions within the past 10 years; no prior convictions, with the possible exception of Possession of a Controlled Substance; and no convictions for Trafficking in a Controlled Substance. After the referral, eligibility determination, criminal history record check, and assessment, count the number of candidates eligible for drug court.
- A.3. Count the number of candidates accepted to drug court for the month.
- B. Complete this section only if you have a probation track. Drug Court can be assigned to an offender in lieu of incarceration/detention, probation revocation, or probation.
- B.1. Count the number of cases referred for the month.
- B.2. Count the number of assessments conducted.
- B.3. After the referral, eligibility determination, criminal history record check, and assessment, count the number of candidates eligible for drug court.
- B.4. Count the number of candidates accepted and transferred to drug court.
- C. Add A.3. and B.4. for the total number of candidates accepted for the month.
- D. Count the number of participants that have been moved up a phase. Enter the breakdown for those elevated from Phase I to Phase II; Phase II to Phase III; and graduated from Phase III.
- E. Count the number of court sessions conducted by each judge for the month and add totals together.
- E.1. Each court date will have either a docket or a list of participants attending each court session. Add each list together for the total number of participants attending the court sessions; subtract those in treatment and those who have failed to appear. This number should always be larger than E.
- F. Enter the total number of collections (i.e. drops) taken for the month.
- F.1. Count the number of panels tested.
- If you use a single dip stick, that is one panel
  - If you use a 3-panel test on 2 occasions, you will screen for 6 panels.
- G. Count the number of participants responsible for the positive drug tests.
- G.1. Count specific positive drug tests and enter. Count the number of participants responsible for the positive tests. You may have 1 participant responsible for several positive drug tests.
- H. Count the number of individual sessions for each participant and add those numbers together. If you see a participant 2 times per week for 4 weeks and the same participant sees a counselor at Comp Care or elsewhere 2 times a month, the participant has 10 individual sessions for the month. A referral to an outside agency will be noted on K. initially, but those individual sessions will be counted in H.
- I. Count the number of groups attended by each participant for the month. A participant may have a group conducted by outside agencies as well as groups conducted by drug court staff. Count all groups for each participant; then add those totals together.
- J. Count the number of family or support sessions attended by each participant for the month. A participant may have a family or support session conducted by outside agencies as well as sessions conducted by drug court staff. Count all family and support sessions for each participant; then add those totals together.

- K. Excluding residential services, count all referrals for each participant, including those who attend outside groups or family sessions. Although group and family sessions may continue for more than a month, the initial referral is included in K.
- L. Count only the participants referred for residential services. Enter the numbers for each category (in-patient or long term). Count the number of participants who completed in-patient and long term treatment and enter appropriately.
- M. Count the number of participants employed and enter in the appropriate space. If a participant is unable to work due to disability, count as disabled.
- N. Enter the number of participants for each category; total the categories; and enter the total in the space at the far right.
- O. Count the number of times you go to a participant's school or job site; count the number of times you call the participant's school or job site; and count the number of pay stubs you used to verify current work status. Total amounts and enter in the space at the far right.
- P. Count the number of times you went to a participant's residence for the month; and total the amount for each participant. Count the number of times you phoned the participant's residence and spoke with the participant. Total these two amounts and enter in the space at the far right.
- Q. Count the number of times you went to the participant's residence to conduct a curfew check for the month; and total the amount for each participant. Count the number of times you called a participant's residence to conduct a curfew check for the month; and total the amount for each participant. Total these two amounts and enter in the space at the far right.
- R. Enter the amount each participant has paid for each category; total the categories and enter the amount in the space at the far right.
- S. Enter the number of sanctions participants received for each category; total the categories and enter the amount in the space at the far right. Write in the sanction when using the other category.
- T. Count the number of participants that are arrested on new felonies. Document the charge and the final disposition. If it is pending, write pending. However, when a final disposition is entered, update the monthly report for the month the disposition occurs. Do the same on any misdemeanor arrests. Add the two together and enter in the space at the far right.
- U. Enter the number of participants terminated by category; total and enter in the space at the far right. Any participant deaths should be listed as an administrative discharge.
- V. Count the number of participants in the program. Any participants who have absconded for more than 30 days should be terminated.
- W. Count the number of participants involved in the aftercare program.
- X. Count the number of participants who have parented a drug free baby.
- Y. Count the number of participants for each category and enter in the appropriate space.



COMMONWEALTH OF KENTUCKY  
**ADMINISTRATIVE OFFICE OF THE COURTS**  
**DRUG COURT**

**JOSEPH E. LAMBERT**  
CHIEF JUSTICE

**CICELY JARACZ LAMBERT**  
DIRECTOR

\_\_\_\_\_ **DRUG COURT**  
County

**NOTICE**  
**(this is a reminder for your convenience only)**

NAME: \_\_\_\_\_

RETURN TO COURT FOR REVIEW ON \_\_\_\_\_ AT \_\_\_\_\_.  
Date Time



## Drug Court Program Consent to Search Form

I, \_\_\_\_\_, in consideration for the privilege of entry into the \_\_\_\_\_ County Drug Court program, do consent to allow any law enforcement agency to search my person, automobile, or residence when acting on Drug Court procedures.

This search will be for the purpose of ensuring my compliance with the agreement of participation I have executed with the Drug Court. However, I acknowledge that any contraband which may be found may be used against me. This search may be without probable cause. I understand that I have a constitutional right to not have my person, automobile, or residence searched by law enforcement without probable cause, but I waive that right only for the period I am participating in the Drug Court program.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**DRUG COURT  
STATEMENT OF URINALYSIS ACKNOWLEDGEMENT**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CASE NUMBER(S):** \_\_\_\_\_

**JUDGE(S):** \_\_\_\_\_

I, \_\_\_\_\_, being a participant of \_\_\_\_\_ Drug Court, and having submitted to urinalysis as required by my participation agreement, do hereby state the following:

I, \_\_\_\_\_, have tested positive on my drug screen for \_\_\_\_\_, an illegal or forbidden substance according to Drug Court policies.

I understand I have the option of paying to have the urine sample sent to a lab for further testing, but choose of my own free will to waive that option. I readily admit I am positive for \_\_\_\_\_.

I further understand I will be sanctioned for this positive urine screening. Such sanctions may include, but are not limited to, termination from the program.

My signature below indicates I understand I am positive for the above-named substance(s) and I do not wish to pursue further testing at an independent laboratory.

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Print Name of Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)



# DRUG COURT

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For additional information about the Kentucky Court of Justice, contact:

**Administrative Office of the Courts**  
100 Millcreek Park  
Frankfort, KY 40601  
502-573-2350 or 800-928-2350  
[www.kycourts.net](http://www.kycourts.net)

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